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PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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Mary E. Tricario	(Depositor's name)
<i>Mary E. T.</i>	(Signature)
6-22-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/975,873	10/12/2001	Jon Buzzard	CRD0959	9691

TITLE OF INVENTION: HANDLE DEPLOYMENT MECHANISM FOR MEDICAL DEVICE AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/22/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
NGUYEN, VIX	3731		623-001110		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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Michael W. Montgomery

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cordis Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Miami Lakes, FL

Recorded: 03/26/2002

Reel/Frame: 012758/0359

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 6/22/05

Typed or printed name Carl J. Evans

Registration No. 33,874

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